

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: INORGANIC BORANOPHOSHATE SALTS
Attorney Docket Number:: FISCHER23
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israeli
Status:: Full Capacity
Given Name:: Bilha

Middle Name::
Family Name:: FISCHER
Name Suffix::
City of Residence:: Shoham
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 5 Adulam Street
City of Mailing Address:: Shoham
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 73142
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israeli
Status:: Full Capacity
Given Name:: Victoria
Middle Name::
Family Name:: NAHUM
Name Suffix::
City of Residence:: Rishon Lezion
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 8 Harashba Street
City of Mailing Address:: Rishon Lezion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 75483

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

This Application	National Stage of	PCT/IL05/000118	02-02-05
PCT/IL05/000118	Appln claiming benefit of 35 USC 119(e)	60/540,343	02-02-04

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name::	Barilan University
Street of Mailing Address::	Bar-Ilan University
City of Mailing Address::	Ramat-Gan
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	52900